

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 587 888

FILING DATE

7-27-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
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48						
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	3	←		←		←
TOTAL CLAIMS	4	[REDACTED]		[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]